NO 5000004493

(Requestor's Name)					
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	e #)			
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COVER LETTER

Amendment Section Division of Corporations

TO:

	Dia da mai Olab O and anciair	uu Aasaalattaa laa				
SUBJECT:	T: Pinehurst Club Condominium Association, Inc. Name of Corporation					
DOCUMENT !	NUMBER: N0500	0004493				
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please return all	correspondence concerning this matter to	the following:				
	Marti Arge Name of Contac	ntino ct Person				
	Pinehurst Club Condominium Association, Inc. Firm/Company					
	400 South Park Road Address					
Hollywood, FL 33021 City/State and Zip Code						
	pinehurstclubmgr@ E-mail address: (to be used for futu	yahoo.com re annual report notification)				
For further infor	mation concerning this matter, please call	: [;]				
	Marti Argentino	at (954) 894-0094				
]	Name of Contact Person	at (954) 894-0094 Area Code & Daytime Telephone Number				
Enclosed is a \$3	5.00 check made payable to the Departme	ent of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607. nge is submitted for a corp r to change its registered o	poration organized	under the laws of the Sta	te of Florida			
1. The name of t	he corporation: Pinehu	rst Club Con	dominium Associa	ation, Inc.			
2. The principal	office address: 400 Sou	th Park Road, I	Hollywood, FL 33021				
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:	5/1/2005	Document number:	N05000004493			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)							
BROUGH, CHADROW & LEVINE, P.A.							
1900 NORTH COMMERCE PARKWAY WESTON FL 33326							
6. The name and (if changed):	l street address of the new	registered agent (if	f changed) and /or register	ed office Att SEE FLORING			
	SHENDELL & ASSO	OCIATES, P.A.		Series 3			
	3650 NORTH FEDERAL HIGHWAY, SUITE 202						
	P.O. Box NOT acceptable						
	LIGHTHOUSE POINT, FL 33064						
	ess of its registered office be identical.						
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.							
AMOUS	re of an officer of director	C -	TRACY Hars	wick Resident			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and a ions of all statutes accept the obligat a change in the re of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address, a	ty. nd complete performance sistered agent. Or, if this I hereby confirm that the			
Sig	enature of Registered Agent	Presont.	8/26) Date	1)			
If signing on be	chalf of an entity:			•			
Tamac	shendell.	Preside	nt				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name